



DRAFT

Seattle Fire Department
Confidence Test Report
206-386-1448 Confidence Testing Officer
206-615-1068 (fax)

FIRE ALARM SYSTEMS
(One System per Report)

Certification Given

RED

☐

YELLOW

☐

WHITE

☐

CONFIDENCE TEST

☐

REPAIRS

☐

Occupancy Address: _____

Occupancy Name: _____

Building Owner: _____

Responsible Person: _____

Phone Number: _____

Phone Number: _____

Building Owner Address: _____

Date of Inspection: _____ Inspection Type: Annual ☐ Quarterly ☐ Acceptance ☐

Testers Name (Please Print): _____ SFD Certification Number: SCP-_____

Central station monitoring? Yes ☐ No ☐ Monitoring company name: _____

Control panel manufacturer: _____ Model Number: _____

Problems Found:

Corrections Made:

Date Corrected: _____ Corrected By: _____

Signature of Tester: _____ Phone # _____

Testing Agency: _____

Mailing Address: _____

Alarm System Functionality			
1.	Trouble signal with AC power off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	System operates properly on battery backup?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Battery voltage (no load) _____ volts		
4.	Battery voltage (full load) _____ volts (signals operating)		
5.	Charge circuit voltage _____ volts		
6.	System operates properly on standby power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	All signals operate on AC power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	No. of initiating circuits _____		
9.	No. of signal circuits _____		
10.	Does alarm system meet audibility standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	All circuits checked for electrical supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Ventilation controls operate?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Key to panel available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Operating instructions at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Trouble indicators function properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Remote Annunciator Panels function properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Elevator Call Down functions properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
19.	Test record posted at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	General alarm automatic time delay _____ (minutes)	N/A <input type="checkbox"/>	
21.	Other Devices (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Other Devices (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
23. Bells, Horns, Chimes	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Voice Speakers (Voice Clarity)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Smoke Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Heat Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Duct Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Sprinkler Flow Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Sprinkler Supervisory Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Visual Alarm Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Manual Pull Stations	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Automatic Door Unlocks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Automatic Door Release	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
34. Phone Sets	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Phone Jacks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Call-in Signal	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>